

MER- MEDICAL EXAMINATION REPORT

Date of Examination	12/01/23		
NAME	RYANENDRA PRASAD SINGH		
AGE	47	Gender	M
HEIGHT(cm)	178	WEIGHT (kg)	86
B.P.	110/80		
ECG	Normal		
X Ray	Normal		
Vision Checkup	Wearing glasses		
Present Ailments	None		
Details of Past ailments (If Any)	No		
Comments / Advice : She /He is Physically Fit	Medicinally fit		



Dr. Smita Rastogi  
MBBS, DCP

Signature with Stamp of Medical Examiner

भारत सरकार  
GOVERNMENT OF INDIA

जानेंद्र प्रताप सिंह  
Gyanendra Pratap Singh

जन्म वर्ष / Year of Birth : 1975  
पुरुष / Male

5369 7697 9068

आधार - आम आदमी का अधिकार

*for medical*

*12/08/2023*



भारतीय विशिष्ट पहचान प्राधिकरण  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता: S/O दिनेश प्रताप सिंह, हरिपुर निहास्था, निहास्था, राय बरेली, उत्तर प्रदेश, 229208

Address: S/O Dinesh Pratap Singh, Haripur Nihastha, Nihastha, Rae Bareilly, Uttar Pradesh, 229208

1947  
1800 180 1947

help@uidai.gov.in

www.uidai.gov.in

P.O. Box No.1947, Bengaluru-560 001

देव के

आईम पिथालाकी गोमतीनगर  
लाइब्ररी

मैं माने उज्ज्वल सिद्धे, आपने पिथालाके कुल काशी चंद्र  
करना है यहाँके आपके यहाँ ENT, डाक्टर शिथल व EYE,  
20 ECO को जाँच नहीं है अतः इसके स्थान पर  
TMT जाँच करवा जाय।

सुसिंह  
12/08/2023





# MODERN PATHOLOGY & DIAGNOSTIC CENTRE

Dr. R. P. Rastogi  
M.B.B.S., M.D. (Path & Bact)



## CLINIC :

1/4A, Vineet Khand, (Opp Jaipuria Management)  
Gomti Nagar, Lucknow - 226 010  
Ph.: 0522-4008184, 4308184 • 8112323230  
Mob.: 7618884441, 9450389932, 8177063877

Date	: 12-Aug-2023	Age	: 47 Yrs.
Name	: <b>Mr. GYANENDRA PRATAP SINGH</b>	Sex	: Male
Ref.By	: APOLLO HEALTH		

Haemoglobin	<b>12.8</b>	gm%	14 - 17
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Total Leucocyte Count	<b>6400</b>	Cells/cumm.	4000-11000
-----------------------	-------------	-------------	------------

Differential Leucocyte Count			
Polymorphs	60	%	45 - 70
Lymphocytes	30	%	20 - 45
Eosinophils	03	%	0 - 6
Monocytes	07	%	0 - 8
Basophils	00	%	0 - 1

Erythrocyte Sedimentation Rate (Wintrobe)			
ESR	<b>16</b>	mm in 1st Hr.	0 - 9
PCV	<b>41.8</b>	cc%	40 - 52
Corrected ESR	<b>04</b>	mm in 1st Hr.	0 - 9

Platelet Count	<b>1.56</b>	lakh/cumm.	1.5 - 4.0
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Red Cells Count	<b>4.42</b>	million/cmm	3.90 to 5.80
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Absolute values			
MCV	<b>94.4</b>	fL	77 - 97
MCH	<b>28.9</b>	pg	27 - 31
MCHC	<b>31.6</b>	gm /dl	31 - 34

Urine Sugar (Fasting)	<b>NIL</b>		
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Urine Sugar (PP)	<b>Nil</b>		
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**Dr. Smita Rastogi**  
Contd. M.B.B.S., DCP

Results, adhering to W.H.O. and International Federation of Clinical Chemists Quality Control Standards.

SAMPLE COLLECTION FACILITY AVAILABLE

Report needs clinicopathological correlation ♦ Not for Medico Legal Purpose

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Ref.By	: APOLLO HEALTH	Sex	: Male

KFT			
UREA	19.2	mg %	15 - 50
CREATININE	0.88	mg %	0.5 - 1.5
URIC ACID	5.7	mg %	2 - 7
C'ALCIUM	9.4	mg %	8.8 - 10.0

Blood Group & Rh	"B" Positive		
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Serum Gamma G.T.	41	IU/L	11 - 50
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Plasma Glucose - F GOD-POD Method	97	mg/dl	70 - 110
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Plasma Glucose - PP GOD POD Method	110	mg/dl	110 - 170
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LFT T&D			
Total Bilirubin	0.59	mg%	0.2 - 1.0
Direct Bilirubin	0.28	mg%	0.0 to 0.40
Indirect Bilirubin	0.31	mg%	0.10 to 0.90
S.G.P.T	38	IU/L	5 - 40
S.G.O.T	31	IU/L	5 - 50
ALP	87	IU/L	40 to 129

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Date	: 12-Aug-2023	Age	: 47 Yrs.
Name	: Mr. GYANENDRA PRATAP SINGH	Sex	: Male
Ref.By	: APOLLO HEALTH		

### LIPID PROFILE

Triglycerids	117	mg%	70 - 190
S. Cholestrol S.	169	mg%	130 - 230
S. HDL Cholestrol	42.4	mg%	35 - 75
S. LDL Cholestrol	103.2	mg%	75 - 150
VLDL	23.4	mg%	0 - 34
Chol / HDL factor	3.99		
LDL / HDL Factor	2.43		

### COMMENTS

- \* Triglycerides (TG) are the main dietary lipids. Cholesterol constitutes a small part of the dietary lipids, it is mostly synthesised in the liver. Both TG and Chol. are transported through the plasma by lipoproteins (Chylomicrons, VLDL, LDL, IDL, HDL).
- \* LDL is the major cholesterol particle in plasma and high levels are strongly implicated in the formation of atheroma. An increase in the LDL leads to hypercholesterolemia, and therefore a risk factor for IHD. LDL increases with age particularly in females. Oestrogen lower LDL and raise HDL. Raised chol. in females is mostly due to disturbed thyroid function.
- \* Increase in VLDL leads to hyperglyceridaemia. Raised TGs are associated with increased risk of CHD. Very high TGs increase the risk of Pancreatitis. Cholesterol is often raised due to Diabetes, Renal disease, Diuretic or Betablocker therapy.

### TYPES OF HYPERLIPOPROTEINEMIAS

TYPE 1: Normal cholesterol TG greatly raised	TYPE 3: Cholesterol increased TG increased
TYPE 2a: Cholesterol increased LDL increased TG normal	TYPE 4: Cholesterol normal /increased VLDL increased TG increased
TYPE 2b Chol. increased VLDL raised TG increased LDL increased	TYPE 5: Cholesterol increased LDL reduced VLDL increased TG greatly increased

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Date : 12-Aug-2023

Name : **Mr. GYANENDRA PRATAP SINGH**

Age : 47 Yrs.

Ref.By : APOLLO HEALTH

Sex : Male

## PSA

PSA 0.62 ng/ml  
Electro CLIA

Expected values and Comments

NORMAL : 0.00 to 4.0

Less than 40 years 0.6 to 1.3  
41 to 50 Years 0.6 to 2.0  
51 to 60 Years 0.8 to 3.0  
61 to 70 Years 1.0 to 4.0  
Over 70 years 1.6 to 4.5

- \* PSA is a reliable Tumor Marker for already diagnosed Prostatic Carcinomas .Though present in many tissues including breast, salivary glands etc.,
- \* PSA production is the glandular epithelium of the prostate gland. PSA is,therefore,remarkably specific for the prostate.
- \* Baseline levels measured prior to therapeutic intervention and followed later by serial, periodical measurements will predict the outcome of the therapy. It also helps in early discovery of recurrences, relapses and metastases.
- \* In general, Tumour Marker levels are directly related to the tumour mass and the stage of the cancer.
- \* However, it is the rate of change of the tumour marker level which is more important, rather than its absolute value. A 50 % change may be considered clinically significant.
- \* It must be emphasized that PSA may also be elevated in Benign Prostatic Hyperplasia and Inflammatory conditions of the surrounding Genito-Urinary Tract.
- \* PSA may be done along with Free PSA that provides additional information

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Date : 12-Aug-2023

Name : **Mr. GYANENDRA PRATAP SINGH**

Age : 47 Yrs.

Ref.By : APOLLO HEALTH

Sex : Male

## THYROID TEST

Tri-iodothyronine (T3)	1.92	nmol/L	0.50 to 2.50
Thyroxine (T4)	8.10	mcg/dL	5.0 to 12.5
Thyroid Stimulating Hormone (TSH)	3.30	mIU/ ml	0.3 to 6.0

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### COMMENTS

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- 1) Primary hyperthyroidism is accompanied by elevated Serum T3 and T4 values along with depressed TSH levels.
- 2) Primary Hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels.
- 3) Normal T4 levels accompanied by high T3 levels are seen in patients with T3 thyrotoxicosis.
- 4) Slightly elevated T3 levels may be found in pregnancy and estrogen therapy, while depressed levels may be encountered in severe illness, malnutrition, renal failure and during therapy with drugs like propranolol and propylthiouracil.
- 5) Elevated TSH levels may also be indicative of TSH secreting Pituitary Tumour.

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Ref.By	: APOLLO HEALTH		

### Glycosylated Haemoglobin

Glycosylated Haemoglobin	6.2	%	4.5 TO 6.0
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#### INTERPRETATION AND COMMENTS

NON DIABETIC : 4.5 to 6.0 %  
 GOOD CONTROL: 6.0 to 7.0  
 FAIR CONTROLLED 7.0 AND 8.0  
 UNCONTROLLED . 8.0 AND ABOVE

Glycosylated haemoglobin is the adducted glucose in the haemoglobin of the red blood cells, this adduction is stable for the life time of the RBC (i.e 120 days). There fore the measure of glycosylated haemoglobin reflects the average blood glucose concentration over the preseding several weeks. The sudden change in blood glucose level would not effect the glycosylated haemoglobin level ,which serves as a better marker of long term metabolic control and the efficacy of therapy.

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Name	: <b>Mr. GYANENDRA PRATAP SINGH</b>	Sex	: Male
Ref.By	: APOLLO HEALTH		

## General Blood Picture

**RBCs** RBCs are Normocytic & Normochromic.  
No Normoblasts are seen.

**WBCs** TLC is within normal range.  
DLC shows normal counts.  
No immature cells of WBC seen.

**PLATELETS** Platelets are adequate in number and morphology.

**OTHERS** No haemoparasites are seen.

**IMPRESSION** Normal GBP

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Date	: 12-Aug-2023	Age	: 47 Yrs.
Name	: Mr. GYANENDRA PRATAP SINGH	Sex	: Male
Ref.By	: APOLLO HEALTH		

## Urine Examination

PHYSICAL		
Colour	Straw	
Turbidity	Nil	
Deposit	Nil	
Reaction	Acidic	
*Specific Gravity	1.030	
CHEMICAL		
Protein	Nil	
Sugar	Nil	
*Bile Salts	Nil	
*Bile Pigments	Nil	
Phosphate	Nil	
MICROSCOPIC		
Pus Cells	Nil	/hpf
Epithelial Cells	0-1	/hpf
Red Blood Cells	Nil	/hpf
Casts	Nil	
Crystals	Nil	
Others	Nil	

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TEST REQUEST ID	:012308120035	SAMPLE DATE	:12/Aug/2023 09:32AM
NAME	:Mr. GYANENDRA PRATAP SINGH	SAMPLE REC. DATE	:12/Aug/2023 09:32AM
AGE/SEX	:47 YRS/MALE	REPORTED DATE	:12/Aug/2023 12:17PM
REFERRED BY	: Apollo Health and Lifestyle Limited,	BARCODE NO	:01120035

## USG WHOLE ABDOMEN-MALE

**Liver:** is mildly enlarged in size (152 mm). Parenchymal echogenicity is increased. No focal echovariant lesion is seen. Intrahepatic biliary radicles are not dilated.

**Gall Bladder:** is well distended. Lumen is anechoic. Wall is of normal thickness.

**CBD:** is normal in diameter. Portal vein is normal in diameter.

**Pancreas:** is normal in size, shape and echotexture. No focal echovariant lesion is seen. Pancreatic duct is not dilated.

**Spleen:** is normal in size (121 mm), shape and echotexture. No focal echovariant lesion is seen. Splenic vein is normal.

**Both Kidneys:** are normal in size (RK- 107 x 42 mm & LK - 113 x 49 mm), shape, position and excursion. Parenchymal echogenicity and echotexture is normal with maintained corticomedullary differentiation. No mass, cyst or calculi is seen. Pelvicalyceal systems are not dilated. Ureters are not dilated.

**Urinary bladder:** is well distended. Lumen is anechoic. Wall is of normal thickness. No mass or calculus is seen.

**Prostate:** is enlarged in size (32 x 41 x 35 mms, wt = 24.9 gms), shape and echotexture. No focal echovariant lesion is seen. Prostatic capsule appears to be intact. Median lobe is not projecting in UB lumen. Both seminal vesicles appear normal.

Both iliac fossae are clear. No obvious bowel pathology is noted.  
There is no free fluid in peritoneal cavity.

### OPINION:

- HEPATOMEGALY WITH GRADE-1 FATTY LIVER
- GRADE-1 BPH

\*\*\* End Of Report \*\*\*

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DR. PANKAJ UPADHYAYA  
Consultant Radiologist

Dr. Smita Rastogi  
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Print Date: \_\_\_\_\_ Results adhering to W.H.O. and International Federation of Clinical Chemists Quality Control Standards.

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Mob.: 7618884441, 9450389932, 8177063877

Patient name: Mr Gyanendra Pratap Singh  
Ref By. : Apollo Health

Age/Sex 47/M  
12/08/2023

## E.C.G. REPORT

1. Rhythm	:	Sinus, Regular
2. Atrial Rate	:	72/mt
3. Ventricular Rate	:	72/mt
4. P – Wave	:	Normal
5. P R Interval	:	Normal
6. Q R S	:	
Axis	:	Normal
R/S Ratio	:	Normal
Configuration	:	Normal
7. Q T c Interval	:	Normal
8. S-T Segment	:	Normal
9. T-Wave	:	Normal

## FINAL IMPRESSION

E.C.G. is within normal limits.

Signature of Doctor  
Dr. Sanjay Mohan MD  
Reg. No. 14559

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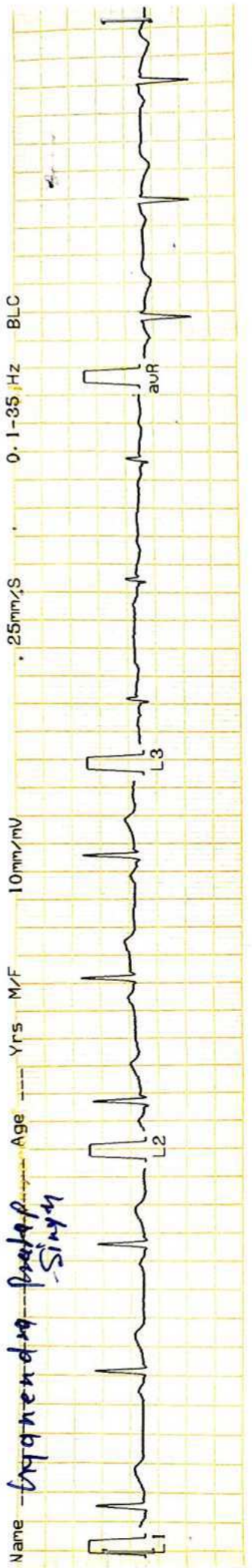
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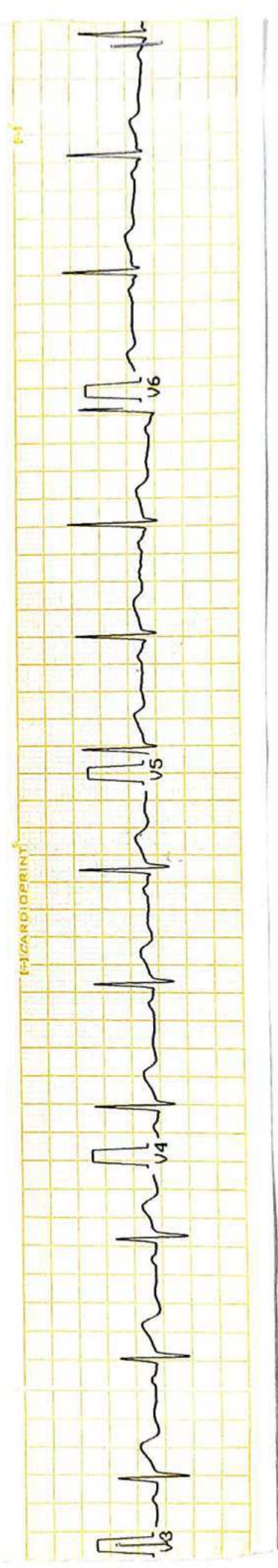
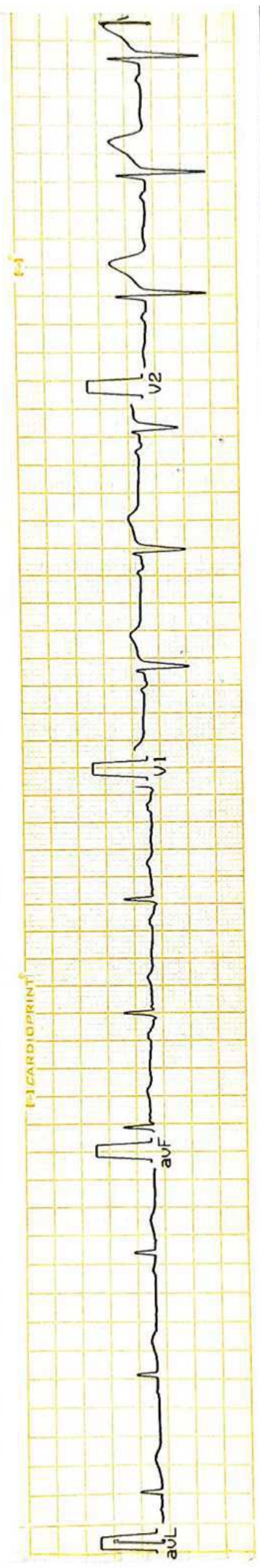
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Dr.     

LacituMed ECG50-1CH



**DR. AMIT SINGH**  
MD  
Reg. No. 44559

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### XRAY CHEST PA

- Trachea is central in position.
- Bilateral lung fields are normally aerated.
- Both hilar shadows are normal.
- Both C.P. angles are clear.
- Cardiac shadow is within normal limits.
- Bony cage appears normal.

### OPINION: NORMAL STUDY.

Please correlate clinically.

\*\*\* End Of Report \*\*\*

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MODERN PATHOLOGY AND DIAGNOSTIC CENTER

Gomti Nagar Lucknow

Report

GYANENDRA PRATAP SINGH / 47 Yrs / M / 177 Cms / 86 Kg.

Date: 12 - 08 - 2023 Refd BY : APOLLO HEALTH Examined By:

Stage	Time	Duration	Speed(Kmph)	Elevation	MEts	Rate	% THB	BP	RPP	PVC	Comments
Supine	00:04	0:04	00.0	00.0	01.0	077	45%	110/80	084	00	
Standing	00:10	0:06	00.0	00.0	01.0	077	45%	110/80	084	00	
HV	00:14	0:04	00.0	00.0	01.0	077	45%	110/80	084	00	
ExStart	00:41	0:27	00.0	00.0	01.0	076	44%	110/80	083	00	
BRUCE Stage 1	03:41	3:00	02.7	10.0	04.7	115	66%	126/84	144	00	
BRUCE Stage 2	06:41	3:00	04.0	12.0	07.1	133	77%	134/90	178	00	
PeakEX	09:22	2:41	05.5	14.0	09.9	150	96%	138/90	048	00	
Recovery	10:22	1:00	00.0	00.0	01.2	119	69%	136/92	161	00	
Recovery	11:22	2:00	00.0	00.0	01.0	105	61%	130/90	136	00	
Recovery	12:22	3:00	00.0	00.0	01.0	096	55%	126/86	120	00	
Recovery	12:56	3:34	00.0	00.0	01.0	094	54%	126/86	118	00	

FINDINGS :

Exercise Time : 08:41  
 Max HR Attained : 150 bpm 96% of Target 173  
 Max BP Attained : 138/90 (mm/Hg)  
 Max WorkLoad Attained : 9.9 Good response to induced stress  
 Test End Reasons : Test Complete

REPORT :

1. STRESS TEST IS NEGATIVE FOR EXERCISE INDUCED ISCHAEMIC HEART DISEASE.

  
 DR. ANIL KUMAR MD  
 Reg. No. 44559



BRUCE:Supine(0:07)

MODERN PATHOLOGY AND DIAGNOSTIC CENTER

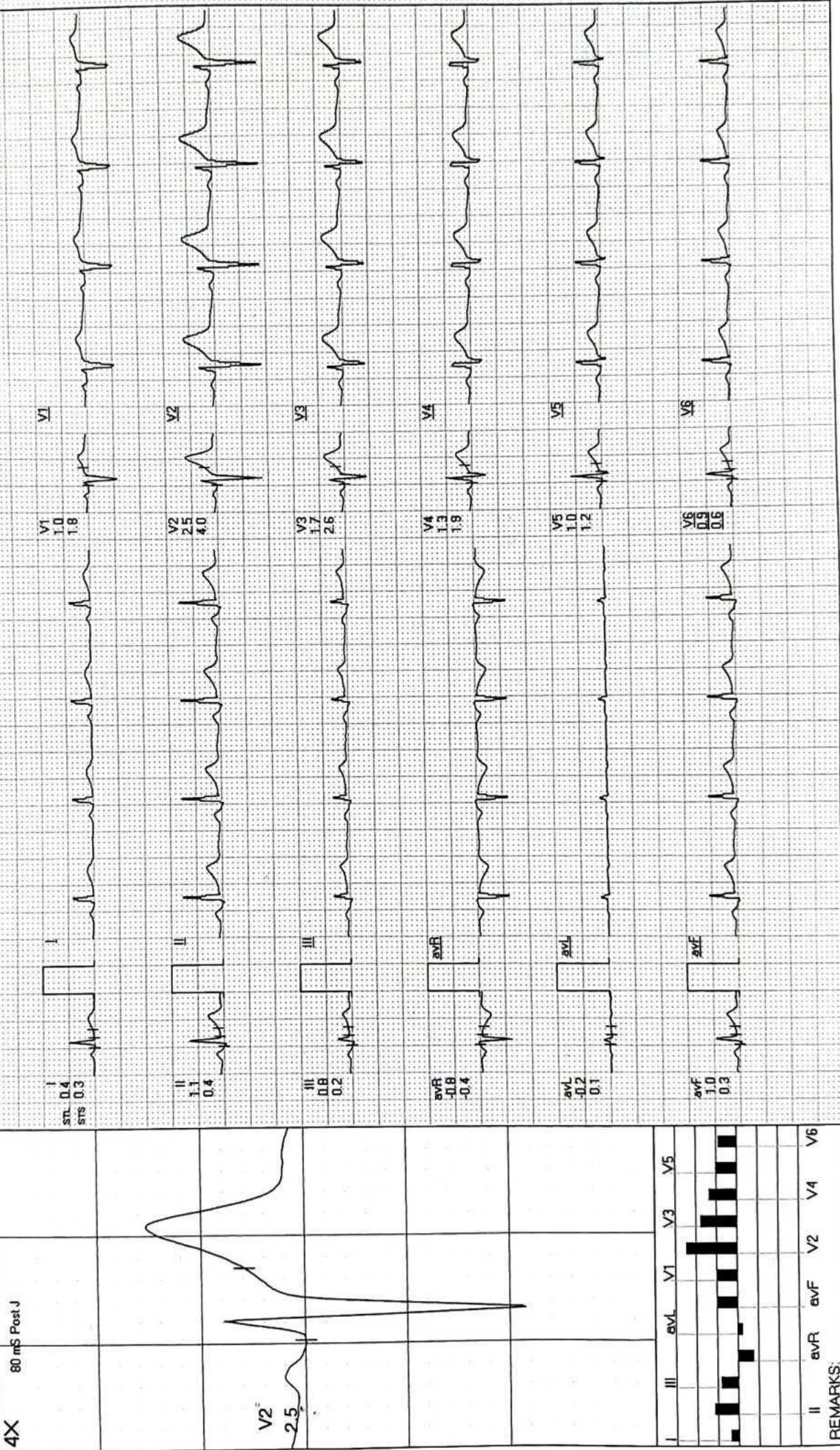
GYANENDRA PRATAP SINGH / 47 Yrs / M / 177 Cms / 86 Kg / HR : 77

ExTime 00:00 0.0 Kmph, 0.0%

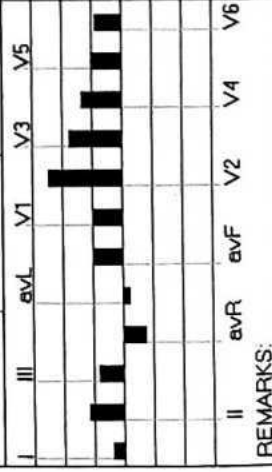
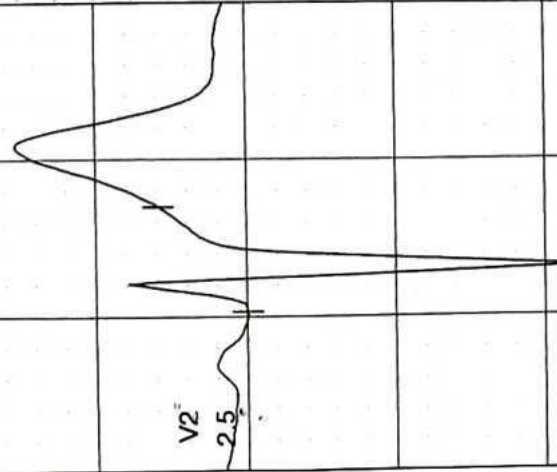
25 mm/5sec 1.0 Cm/mV

Date: 12-08-2023

METS: 1.0/77 bpm 45% of THR BP: 110/80 mmHg Combined Medians/BLQ On/ HF 0.05 Hz/LF 35 Hz



4X 80 mS Post J



REMARKS:



BRUCE: Standing (0:06)

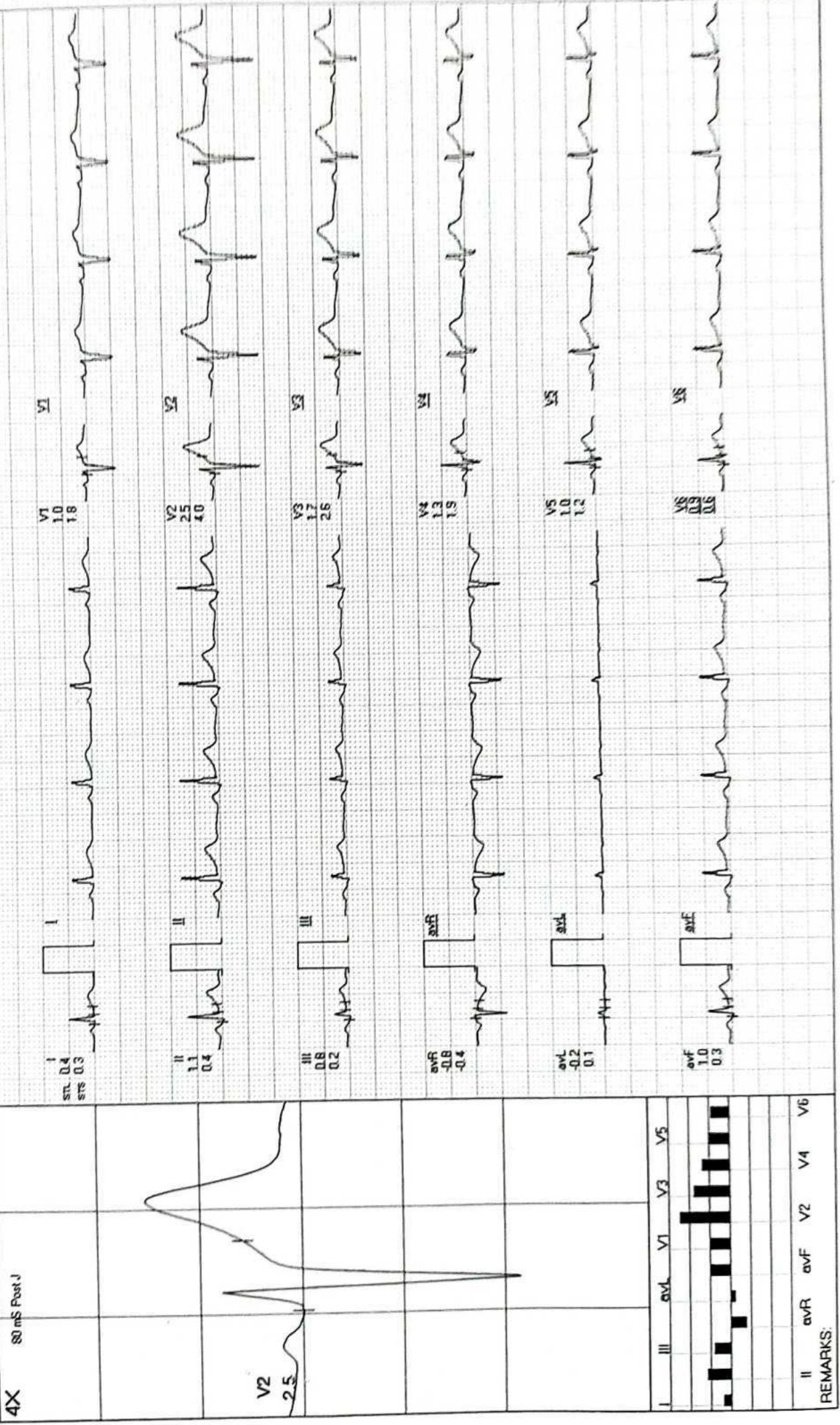
MODERN PATHOLOGY AND DIAGNOSTIC CENTER

GYANENDRA PRATAP SINGH / 47 Yrs / M / 177 Cms / 86 Kg / HR : 77

ExTime 00:00 0.0 Km/pt. 0.0%

MEETS: 1.07 77 bpm 45% of THR BF: 110/80 mmHg Combined Medians/BLC Or/ HF 0.05 Hz/LF 35 Hz

Date: 12-08-2023



REMARKS:

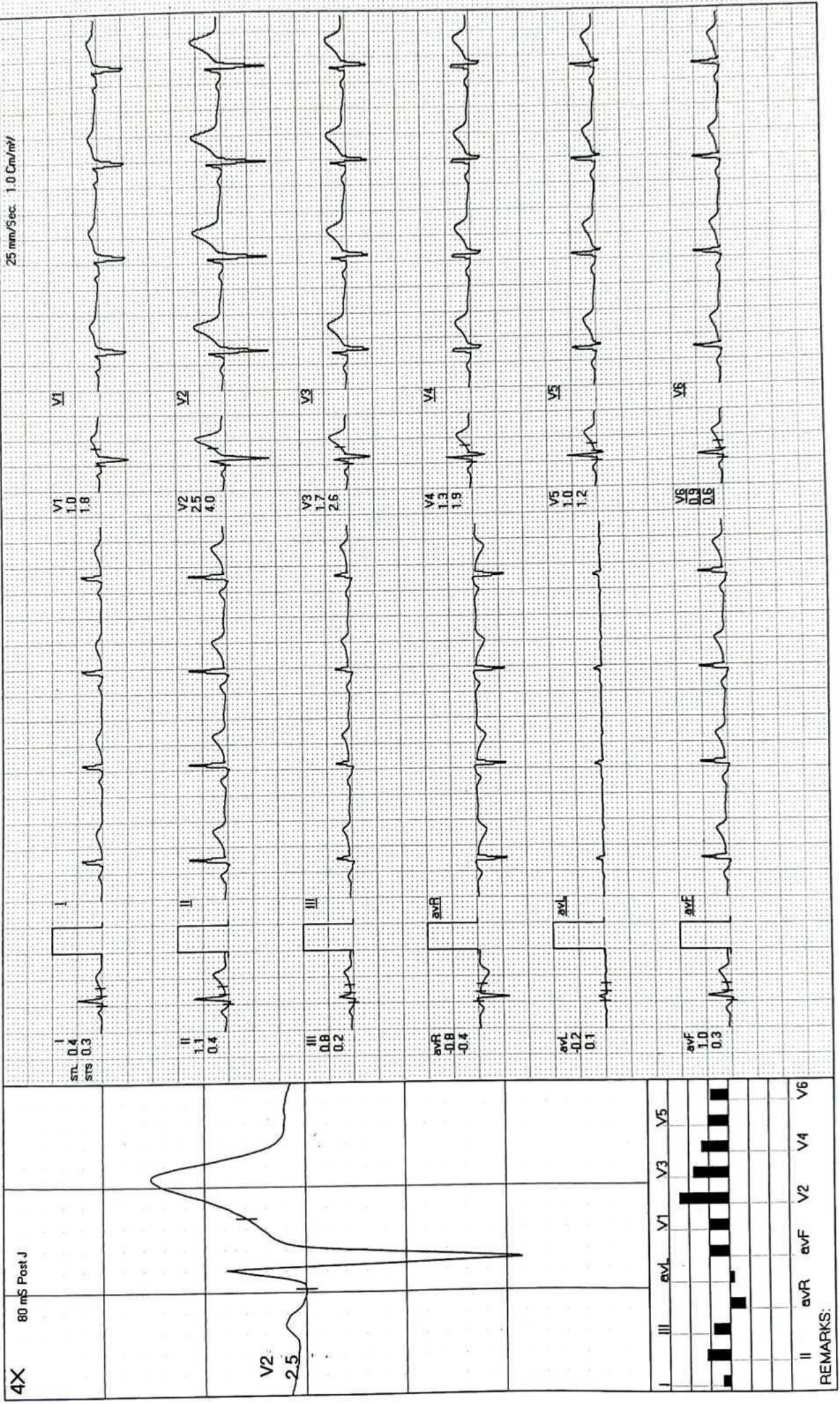
MODERN PATHOLOGY AND DIAGNOSTIC CENTER

GYANENDRA PRATAP SINGH / 47 Yrs / M / 177 Cms / 86 Kg / HR : 77

BRUCE:HV(0:06)



Date: 12 - 08 - 2023 METS: 1.0/77 bpm 45% of THR BP: 110/80 mmHg Combined Medians/ BLC On/ HF 0.05 Hz/LF 35 Hz ExTime: 00:00 0.0 Kmph. 0.0%





ExStart

# MODERN PATHOLOGY AND DIAGNOSTIC CENTER

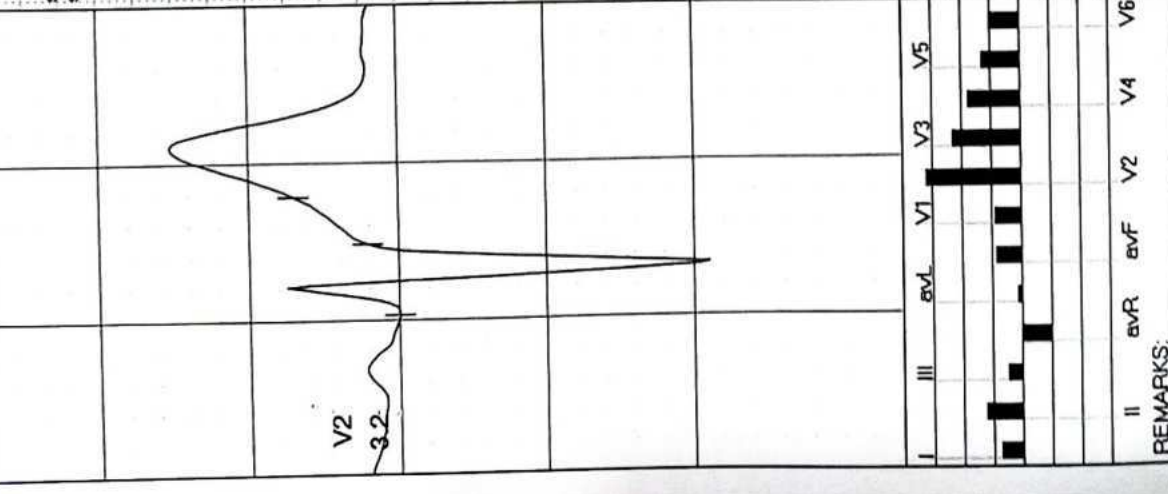
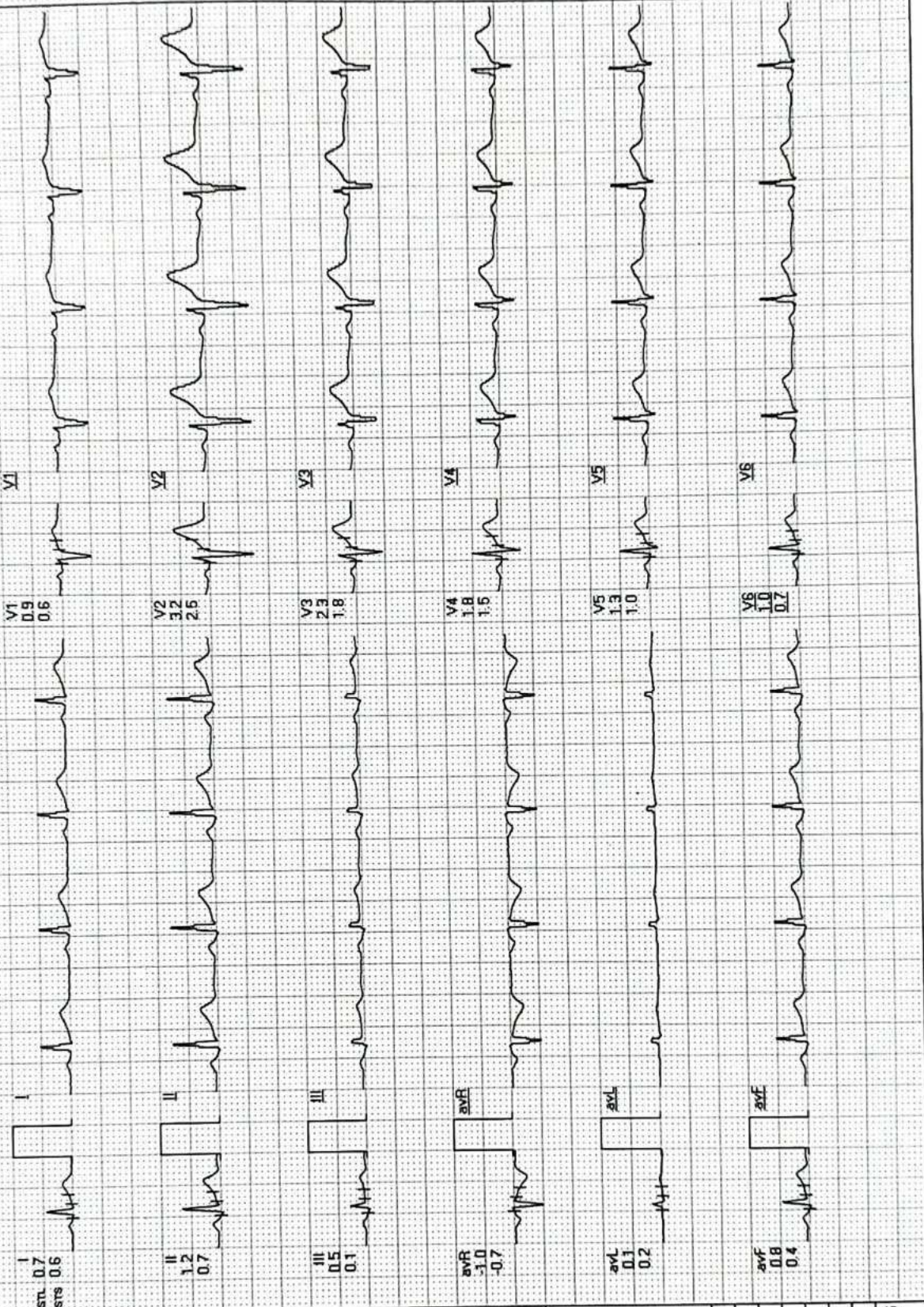
GYANENDRA PRATAP SINGH / 47 Yrs / M / 177 Cms / 86 Kg / HR : 76

ExTime: 00:00 0.0 Kmph. 0.0%

25 mm/Sec. 1.0 Cm/mV

Date: 12-08-2023 METS: 1.0/76 bpm 44% of THR BP: 110/80 mmHg Combined Medians/BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 80 mS Post J



REMARKS:



BRUCE: Stage 1 (3:00)

MODERN PATHOLOGY AND DIAGNOSTIC CENTER

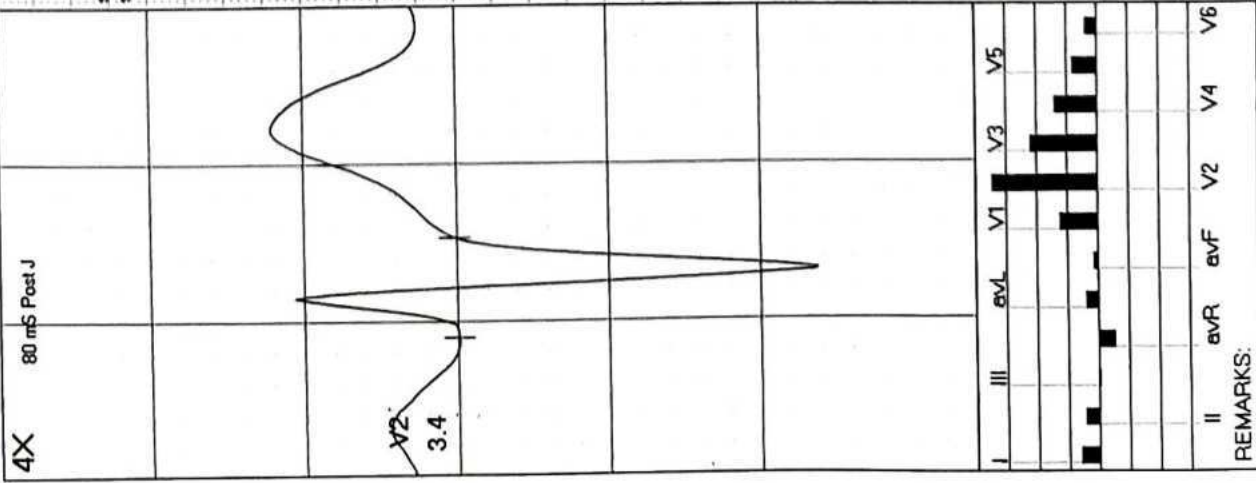
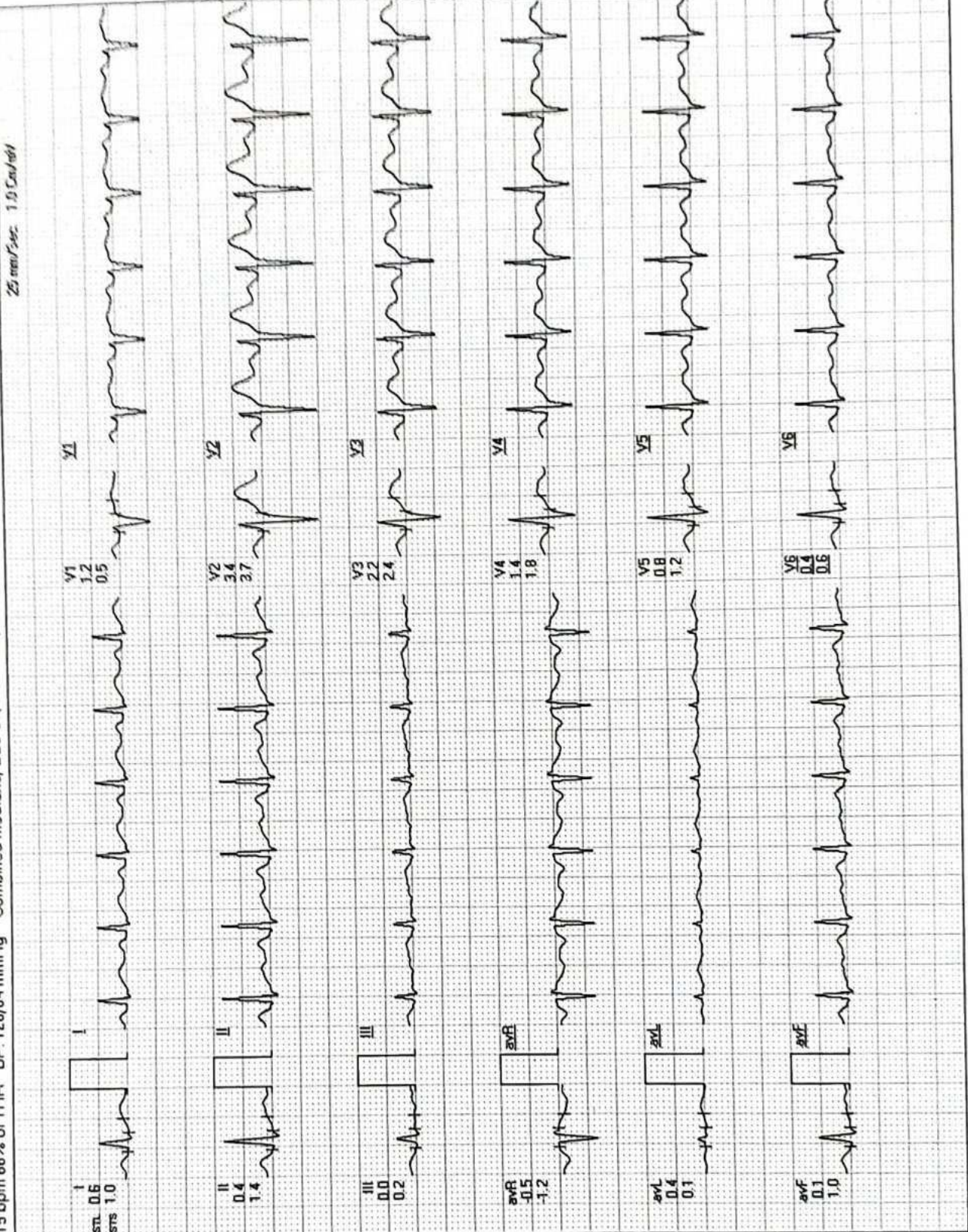
GYANENDRA PRATAP SINGH / 47 Yrs / M / 177 Cms / 86 Kg / HR : 115

ET Time: 03:00 2.7 Kmph, 10.5%

Combined Medians/BLC On/HF 0.05 Hz/LF 35 Hz

Date: 12-08-2023

METS: 4.7/115 bpm 66% of THR BP: 126/84 mmHg



REMARKS:



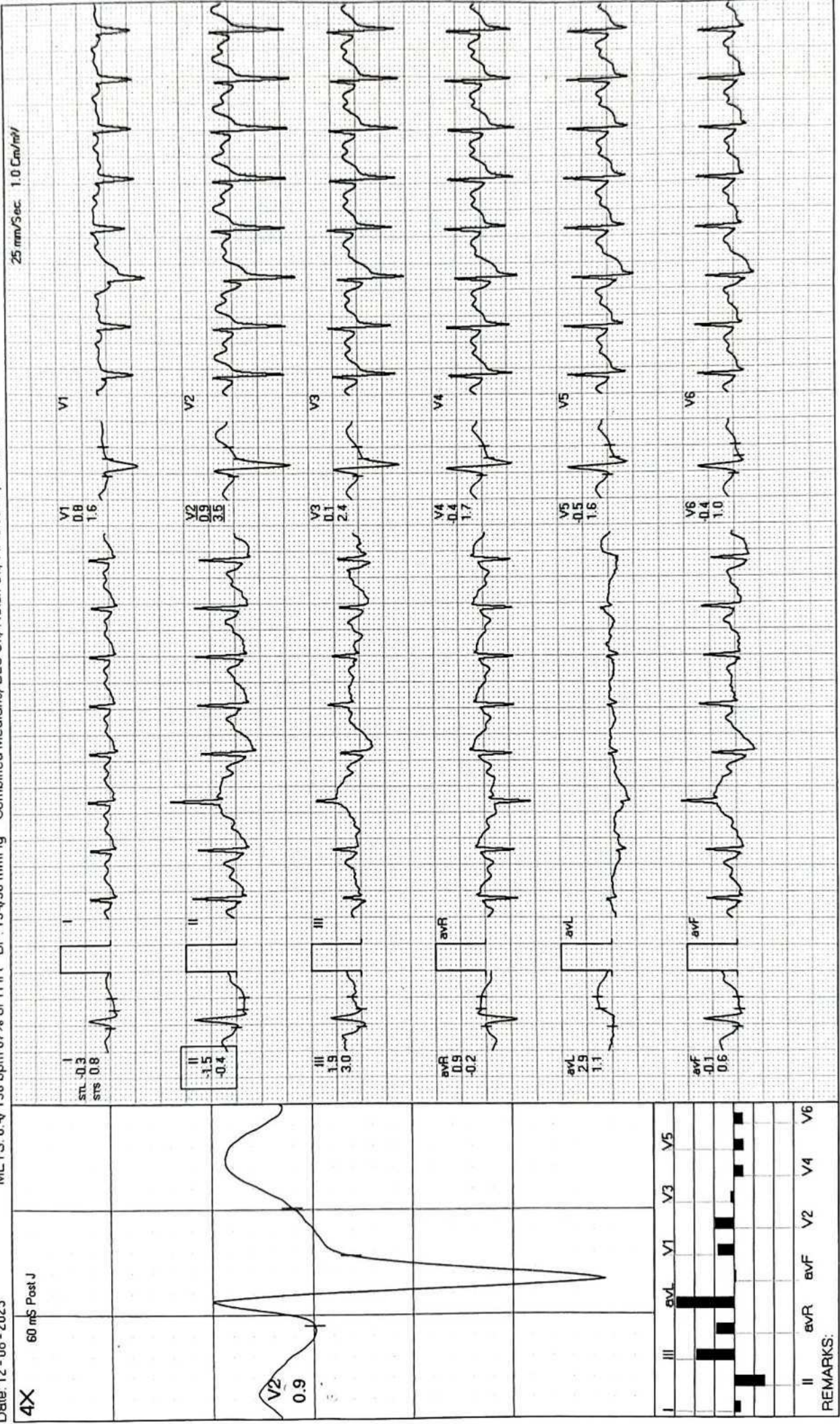
**MODERN PATHOLOGY AND DIAGNOSTIC CENTER**

*GYANENDRA PRATAP SINGH / 47 Yrs / M / 177 Cms / 86 Kg / HR : 150*

**BRUCE PeakEx ( 01:16 )**



Date: 12 - 08 - 2023 METS: 8.4/150 bpm 87% of THR BP: 134/90 mmHg Combined Medians/BLC On/ HF 0.05 Hz/LF 35 Hz ExTime: 07:16 5.5 Km/ph. 14.0%







Recovery(1:00)

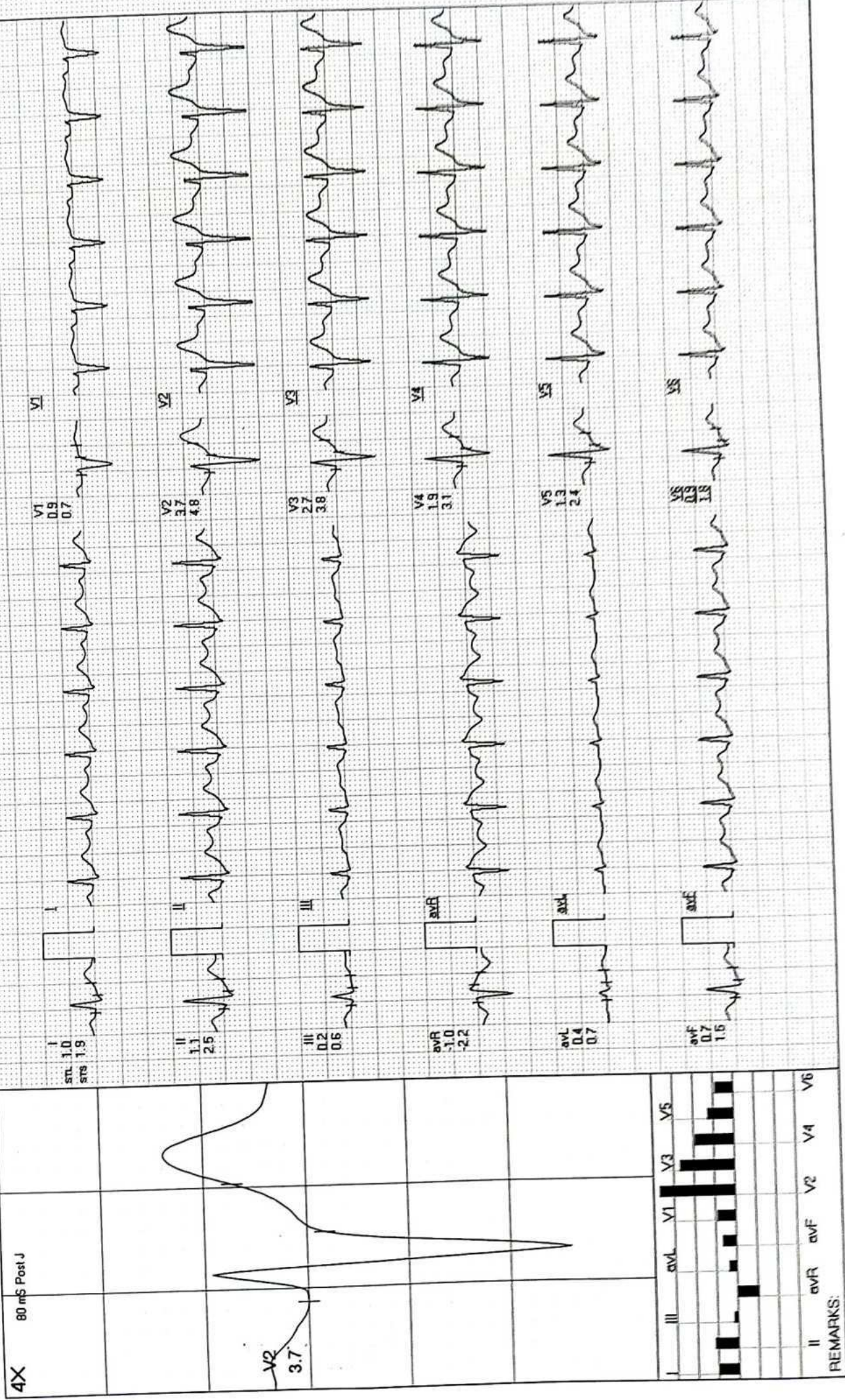
# MODERN PATHOLOGY AND DIAGNOSTIC CENTER

GYANENDRA PRATAP SINGH / 47 Yrs / M / 177 Cms / 86 Kg / HR : 119

ExtTime: 08:41 0.0 Kmph, 0.0%

25 mm/Sec. 1.0 Cm/mV

Date: 12-08-2023 METS: 1.2/119 bpm 69% of THR BP: 136/92 mmHg Combined Medians/BLC On/ Watch On/HF 0.05 Hz/LF 35 Hz



REMARKS:

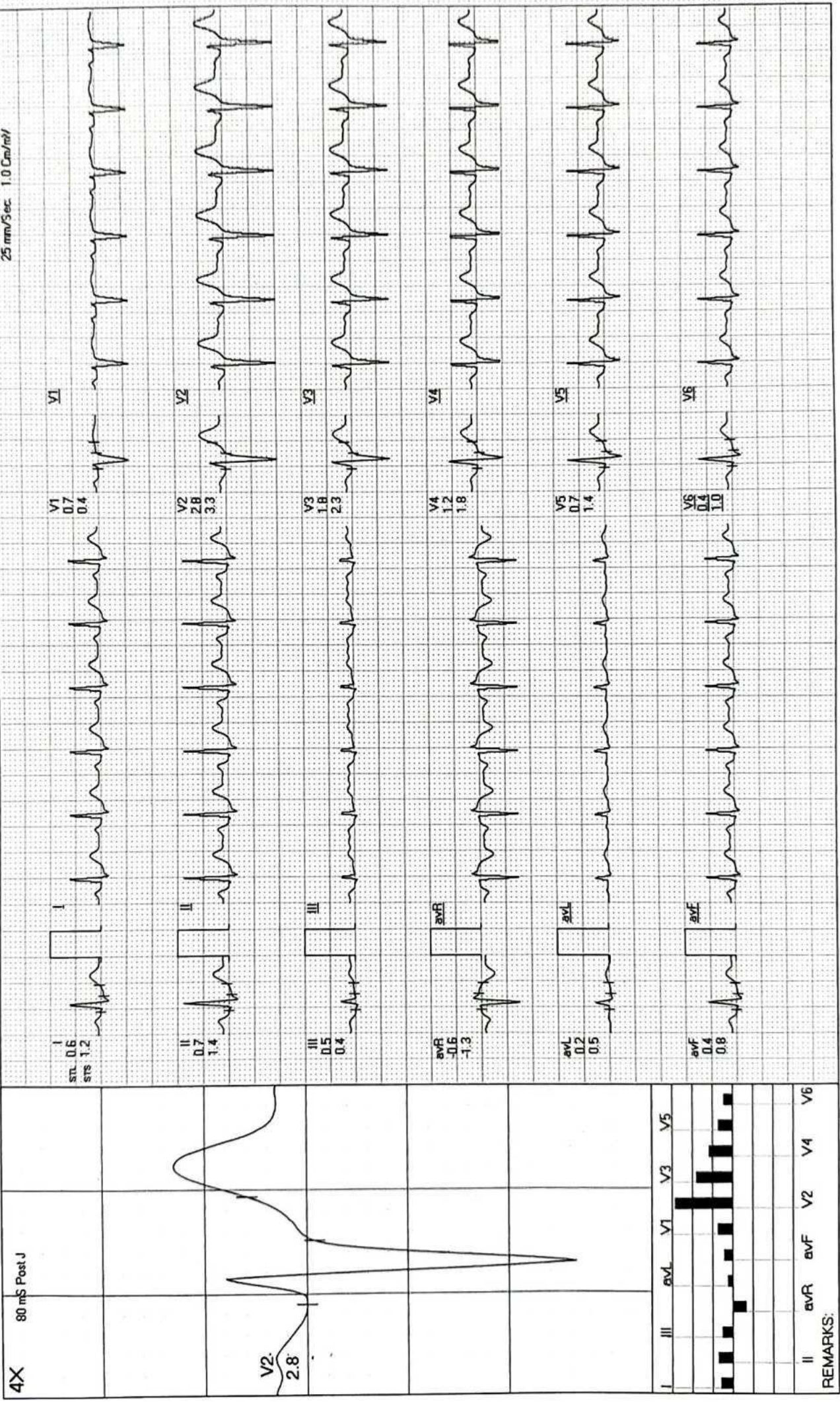


Recovery(2:00)

MODERN PATHOLOGY AND DIAGNOSTIC CENTER

GYANENDRA PRATAP SINGH / 47 Yrs / M / 177 Cms / 86 Kg / HR : 105

Date: 12 - 08 - 2023 METS: 1.0/105 bpm 61% of THR BP: 130/90 mmHg Combined Medians/BLC On/ HF 0.05 Hz/LF 35 Hz ExTime: 08:41 0.0 Kmph. 0.0%



**MODERN PATHOLOGY AND DIAGNOSTIC CENTER**

*GYANENDRA PRATAP SINGH / 47 Yrs / M / 177 Cms / 86 Kg / HR : 96*

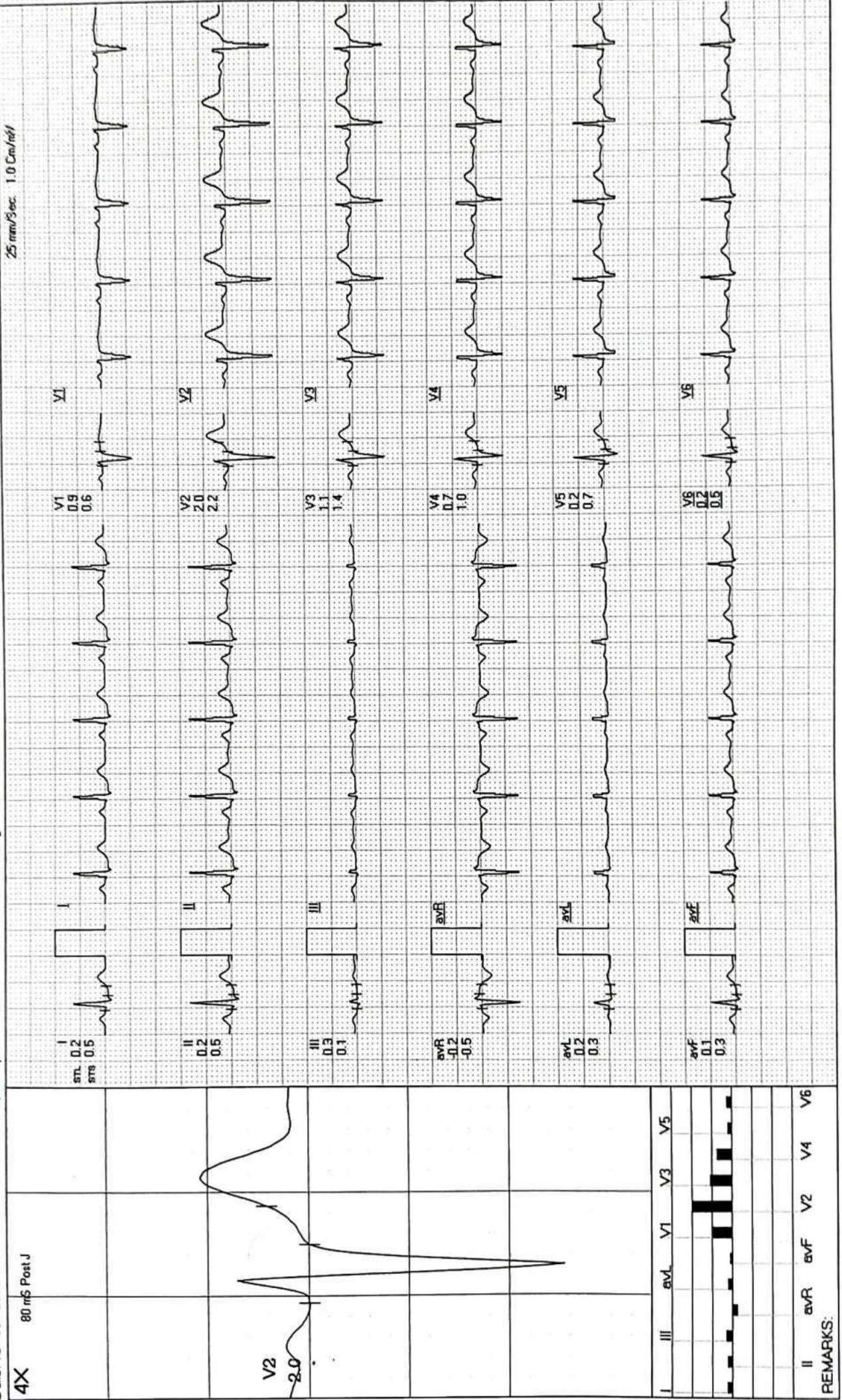
**Recovery(3:00)**



Date: 12-08-2023

METS: 1.0/96 bpm 55% of THR BP: 126/86 mmHg Combined Medians/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz

ExTime: 08:41 0.0 Kmph. 0.0%



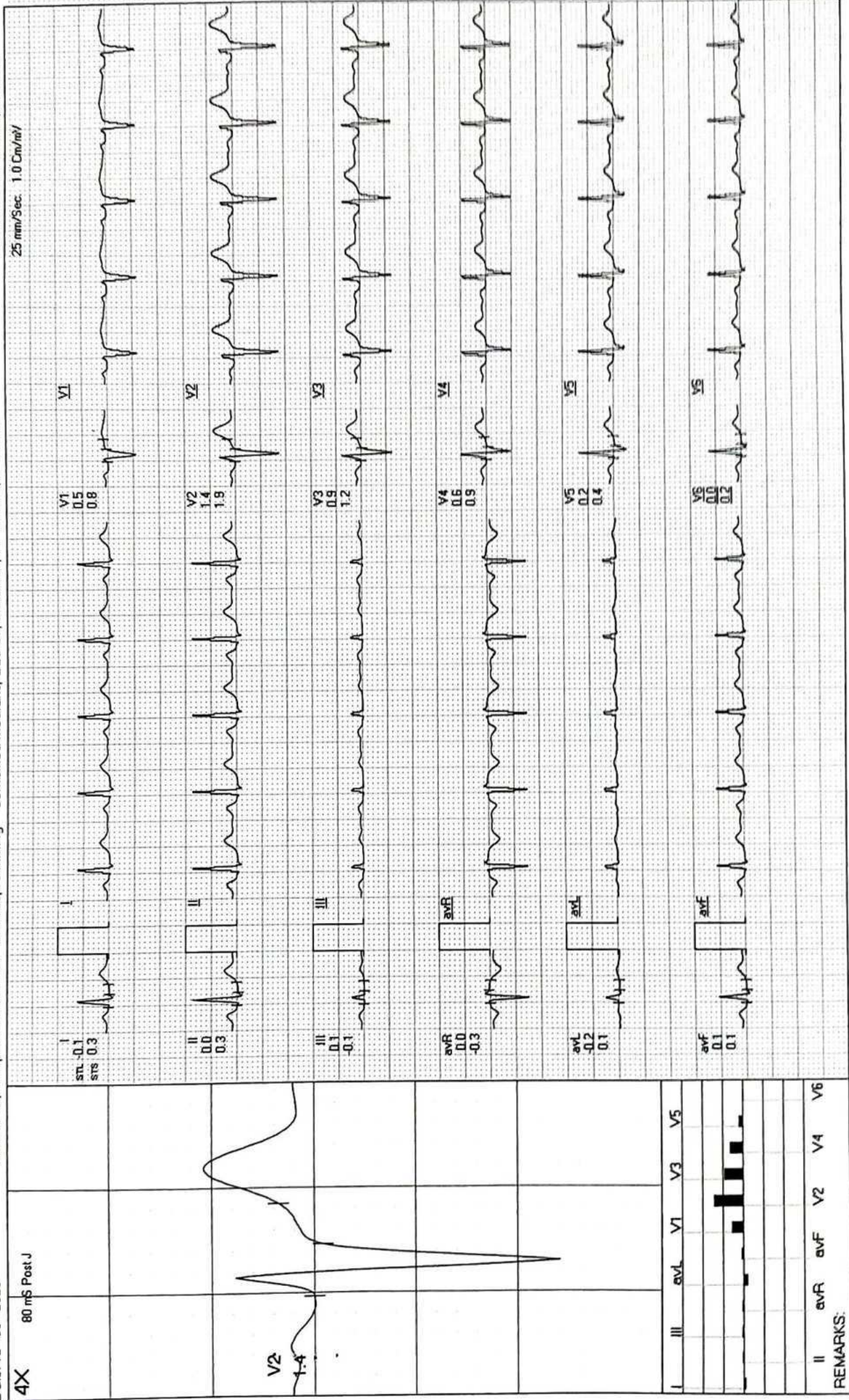
**MODERN PATHOLOGY AND DIAGNOSTIC CENTER**

*GYANENDRA PRATAP SINGH / 47 Yrs / M / 177 Cms / 86 Kg / HR : 94*

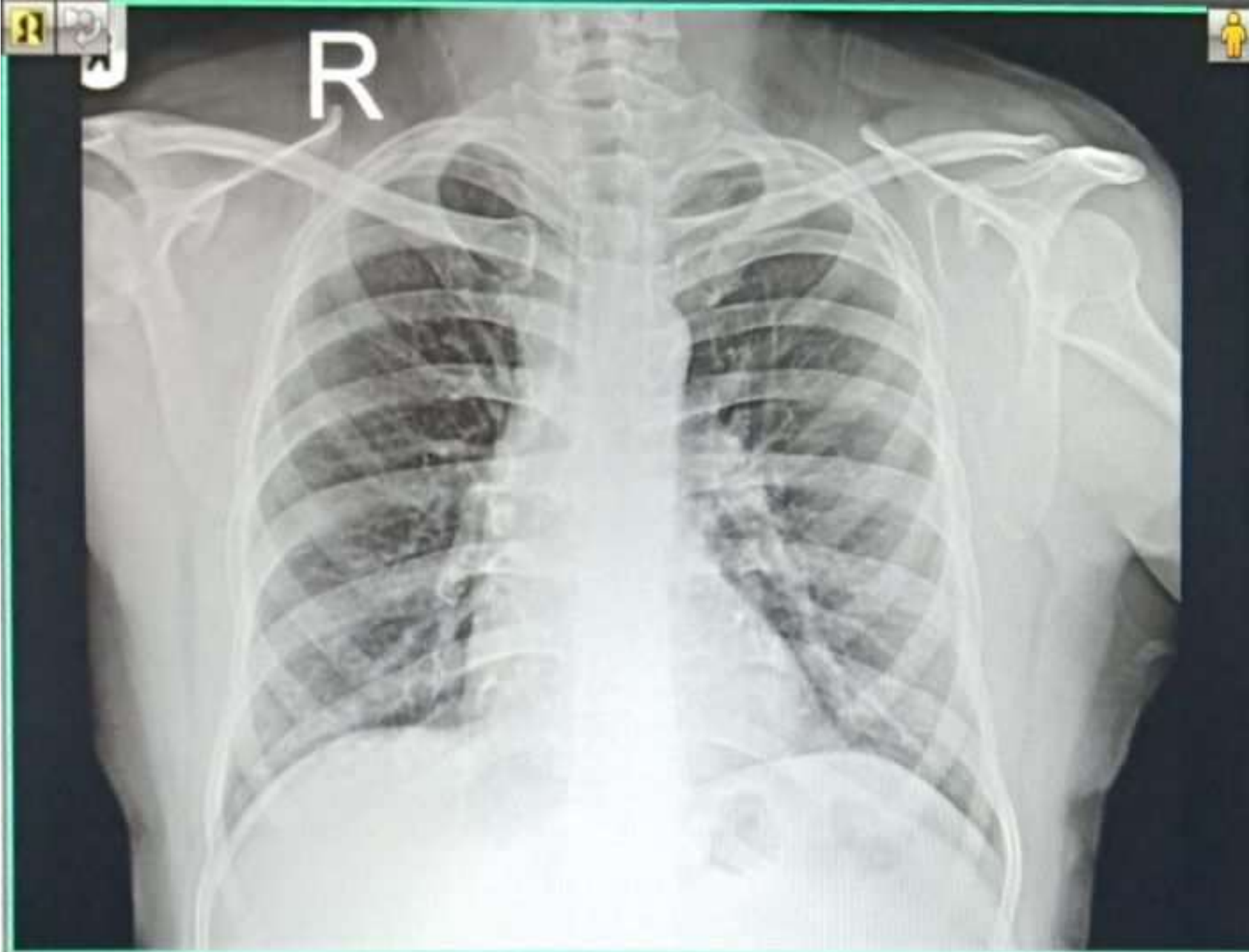
**Recovery(3:34)**



Date: 12-08-2023      METS: 1.0/94 bpm 54% of THR    BP: 126/86 mmHg    Combined Medians/BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz    ExTime: 08:41    0.0 Kmph, 0.0%  
 4X    80 mS Post J    25 mm/Sec. 1.0 Cm/mt/



REMARKS: II avR avF V2 V4 V6



23081201417 MR GYANENDRA PRATAP SINGH 47 YRS M SELF CHEST PA  
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